

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

POSTED
6.11.2021
AR

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2021 - 196 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mason Dixon Holdings, LLC

Telephone: 704-965-3957

Address: 628 Bracket St.

Fax:

Fort Mill, SC 29708

Other:

Email: andymj@umich.edu

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JUN 11 2021
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: June 9, 2021

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Mason Dixon Holdings, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
628 Bracket St.
Street Address of Applicant
Fort Mill, SC 29708
Mailing Address of Applicant (if different from street address)
704-965-3957
Phone Fax
andymj@umich.edu
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Andrew Johnson, Esq. - 628 Bracket St., Fort Mill, SC 29708

Dr. Charles Tucker - 4008 Birkshire Hts., Fort Mill, SC 29708

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Mason Dixon Holdings, LLC

Name of Applicant

628 Bracket St., Fort Mill, SC 29708

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 9,890

Limits \$1,000,000 each liability, UM, UIM

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

National Indemnity Company - Columbia Insurance Company

Name of Insurance Company

1314 Douglas Street, Suite 1400, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Mason Dixon Holdings, LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

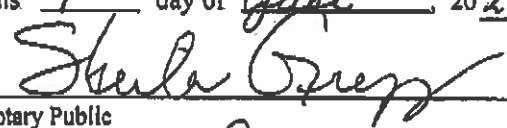
The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Co-Owner/Member
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF York)

SWORN TO BEFORE ME
This 9 day of June, 2021


Notary Public

Commission Expires January 31, 2030



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Mason Dixon Holdings, LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 18th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of June, 2021.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

Filing ID: 180219-0927423

Filing Date: 02/18/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name?)

Mason Dixon Holdings, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "LC," "LC," or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
628 Bracket St.

(Street Address)

Fort Mill, South Carolina 29708

(City, State, Zip Code)

3. The initial agent for service of process is

Andrew Johnson

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
628 Bracket St.

(Street Address)

Fort Mill

South Carolina 29708

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Andrew Johnson

(Name)

628 Bracket St.

(Street Address)

Fort Mill, South Carolina 29708

(City, State, Zip Code)

Mason Dixon Holdings, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

Mason Dixon Holdings, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Andrew Johnson

Signature of Organizer

Date: 02/18/2018

Signature of Organizer

Date:

**3D SYSTEMS**

333 Three D Systems Circle | Rock Hill, SC 29730 | +1 803.326.3900 | www.3dsystems.com | NYSE: DDD

FAX COVER SHEET**To:** Public Service Commission, Clerk's Office **From:** Andrew M. Johnson**Fax:** 803-896-5199**Pages:****Phone:****Date:** June 9, 2021**Re:****CC:**

URGENT



CONFIDENTIAL

**Notes:**

This fax is intended for the exclusive use of the recipients named above and may constitute privileged or confidential information or otherwise be protected from disclosure. Dissemination, distribution, forwarding or copying of this fax and its contents by anyone other than the intended recipients is prohibited. If you have received this fax in error, please notify me immediately by e-mail or telephone and completely delete or destroy any and all electronic or other copies of the original message and any attachments to it. Thank you.

NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For Mason Dixon Holdings LLC



Quote #: NS210601-5
 Status: Request for Inform
 Policy Type: AP

Originaly Quoted: 5/24/2021 3:27 PM EDT
 Quote Printed: 6/01/2021 3:42 PM EDT
 Proposed Effective: 6/24/2021 12:00 AM EDT
 Proposed Expiration: 6/24/2022 12:00 AM EDT

National Indemnity Company
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102
 Phone - (402) 916-3000

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	7,247
7	UM - BIPD	1,000,000 CSL	653
7	UIM - BIPD	1,000,000 CSL	653
7	Medical Payments	5,000	442
7	Physical Damage	See Specific Unit	895
	Total Ins Value	43,000	
<p>*Completed and Signed Applications *No Filings *MVRs *Driver Must Have 2 Years CDL Experience *Coverage will not be effective until the date and time we receive the bind request *Endorsements are effective the date and time it is received in our office *Insured cancellation requests will be effective at 12:01 a.m. the day after the cancellation is received in our office. Example if cancellation is received for 05/19/2021 the cancellation will be effective 05/20/2021 at 12:01 a.m. *Reinstatements will not be backdated. They will be effective the date and time received in our office, if the company agrees to reinstate; therefore, there could be a lapse in coverage. *No Flat Cancellations</p>			
Total			\$9,890.00

Revision: 71SC2020R01

Vehicle Information

NICO-Rate Version: 8.7.4736.1

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	At/Lessor	Unit Sub Total
1 1997 TROLLEY (35053) Comp/Cell \$43,000 Radius: Up to 50 Miles	7,247	653	653	442	895	N/A	N/A	9,890
Deductible: 2,500/2,500								

National Indemnity Company
 Since 1940



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
06/04/2021 ALJ

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
STRICKLAND INSURANCE BROKERS INC
1200 PARKWAY DRIVE
GOLDSBORO, NC 27534

CONTACT
NAME: KELLEY MOULTON AGENCY INC

PHONE
(A/C No. 848) 704-548-4800

FAX
(A/C No.) 704-548-1800

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: COLUMBIA INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
MASON DIXON HOLDINGS LLC
DBA YOCO LOCO
628 BRACKET ST
FORT MILL, SC 29708

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> med pay \$5k		71APR397629	06/04/2021	06/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UM \$ 1MIL/1MIL/1MIL
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PHYSICAL DAMAGE		71APR397629	06/04/2021	06/04/2022	DED \$2,500/2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PER POLICY

1987 CHANCE COACH VIN# 1CB82HB0VW535053 STATED VALUE \$43,000

CERTIFICATE HOLDER

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES
PO BOX 1498
BLYTHEWOOD, SC 29018

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mark E. Caughron

© 1988-2010 ACORD CORPORATION. All rights reserved.

